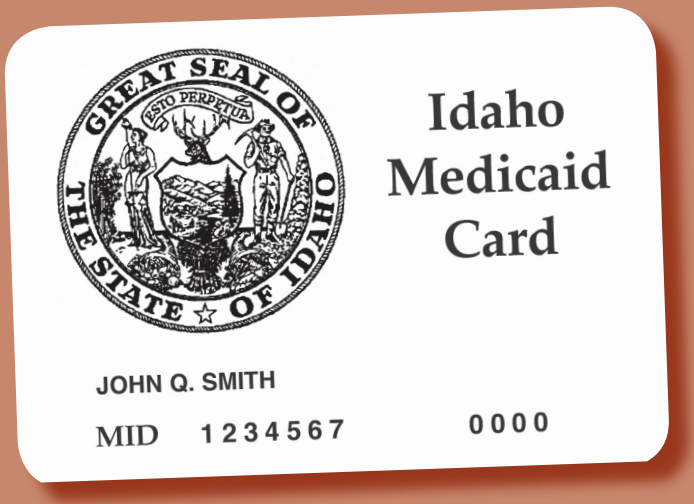
Idaho Health Plan Coverage

Your Benefits Guide to Medicaid, CHIP, and Premium Assistance



October 2007

IDAHO DEPARTMENT OF HEALTH & WELFARE

Table of Contents

Idaho Health Plan Coverage

Prevention, Wellness, and Responsibility

Idaho cares that you get the health coverage that meets your needs. Whether you're covered through the Children's Health Insurance Program (CHIP) or Medicaid, Idaho's new public health plans are designed to meet your health care needs.

These new plans do more to help you improve your overall health, find new health issues early, and manage your current health issues.

People are different, and so are their health care needs. Idaho now offers three different benefit plans to meet different healthcare needs:

The Basic Plan is for low-income children and adults with eligible dependent children. This plan provides health, prevention, and wellness benefits for children and adults who don't have special health needs. Most participants will be in this benefit plan.

The Enhanced Plan is for individuals with disabilities or special health needs. This plan has all the benefits of the Basic Plan, plus additional benefits.

The Medicare-Medicaid Coordinated Plan is for individuals who are eligible for both Medicaid and Medicare. The Department of Health and Welfare has partnered with insurance companies to provide coordinated health coverage between Medicare Part A, Part B, Part D, and Medicaid through Medicare Advantage plans. There's no cost to you when you follow the plan regulations. Medicare Part D might still require you to pay a co-pay, depending on your income level.

The benefits you get are based on your health needs. When you apply, we'll ask about your current health conditions and needs.

If you're eligible for the Basic Plan and your health changes, you might need to get an assessment to find out if you should be placed in the Enhanced Plan.

See pages 6 to 16 in this booklet for more information on the Basic Plan, the Enhanced Plan, and the Medicare-Medicaid Coordinated Plan.

It's important to use your health services wisely. Idaho cares about helping you improve your health, find new health issues early, and manage your current health issues. You can help, too. You can make healthy choices in order to stay well and make your health plan work for you.

To see more details, please visit:
www.modernizemedicaid.idaho.gov

Important Numbers

The first time you're found eligible for health coverage, you'll receive a permanent identification (ID) card with your ID number on it. This number identifies you for health plan coverage. More information about the ID card can be found on page 21.

For information, or to find out about the status of your application for health plan coverage for families with children, call the Family Medicaid Unit toll free at: (866) 326-2485.

For information about nursing home assistance or the status of your application for nursing home coverage, call the Long Term Care Unit toll free at: 866-255-1190.

If you're over 65, receiving Social Security benefits due to disability, or if you're applying for Medicaid for an elderly or disabled person, please contact your local Health and Welfare office *(see pages 32 – 34)*.

To find a doctor in your area or change doctors, contact Healthy Connections. *The Healthy Connections office numbers are listed on page 35.*

To get help with other services in the Department of Health and Welfare, call the Idaho CareLine (2-1-1) or call or visit one of the local Health and Welfare offices *(see pages 32 – 34)*.

If you have questions about your benefits, please call the Electronic Data System (EDS) Medicaid Participant Line at: (888) 239-8463 for help in English o (800) 862-2147 para asistencia en Español.

Reasons you might call are:

- If a doctor or medical service reports you to a collection agency or if you get a bill that you think your health plan should pay.
- If you want to know if a service needs a Healthy Connections referral or prior authorization.
- If you need to know if an item or service is covered.

Don't call EDS for eligibility questions, contact your local Health and Welfare office *(see pages 32 – 34)*.

How Do I Apply for Health Plan Coverage?

Applying

To get Idaho Health Plan coverage through Medicaid or CHIP, you must get an application and apply. You can do this in several ways:

- Call the Idaho CareLine (2-1-1) and request an application.
- Call or pick up an application at your local Health and Welfare office *(see pages 32 – 34 for phone numbers)*.
- **Print the application form at:** www.healthandwelfare.idaho.gov

Help completing your application

- Ask for the application in English or Spanish.
- Ask for an interpreter to help you. This help is free.
- Have a friend or relative help you. Parents and guardians can apply for their children.

Turning in your application

- Fax or mail your application to Family Medicaid *(see page 32 for contact information)*.
- Take your application to your local Health and Welfare office *(see pages 32 – 34 for phone numbers)*.
- Fax or mail your application to Long Term Care *(see page 32 for contact information)*.

After you turn in your application, your case will be assigned to a Self Reliance Specialist who will check to see if you're eligible. Sometimes more information is needed. You might get a phone call or letter asking for more information, so it's important for you to tell us if your address or phone number changes. You should report changes to the office where you applied for coverage.

You'll be sent a letter within 45 days after you turn in your application telling you if you're eligible for health plan coverage. If you're eligible, you'll receive an ID card within two weeks unless you've received an ID card before. *See page 21 to learn more about your ID card.*

If you have questions about your application, you can call the Health and Welfare office you applied at *(see pages 32 – 34 for phone numbers)*.

Your Responsibilities

You're responsible for providing true and complete information about your circumstances
This includes your income, the size of your family, your current address, and other information that helps the Department of Health and Welfare decide whether you should continue to be eligible for health plan coverage.

You're responsible for reporting changes in your circumstances
If your income, resources, living arrangements, family size, or other circumstances change, it can affect your eligibility. Each program has different reporting requirements. It's your responsibility to let your local Health and Welfare office know about these changes. If you have private health care insurance and your coverage under that policy changes, you need to let your local Health and Welfare office know.

You're responsible for paying for care that requires a Healthy Connections referral, if you don't get a referral before receiving the care
When you applied for coverage you were asked to choose a Healthy Connections doctor. A letter will be sent to you to confirm your choice or ask you to reselect. If you don't choose, a doctor will be assigned to you.

Your Healthy Connections doctor must know about any health conditions you might have in order to make necessary referrals for your care. Your doctor might not make referrals if you've never been seen in that office or it's been a while since you were last seen.

It's your responsibility to call your Healthy Connections doctor and ask if you need to be seen before a referral can be made. Your health plan won't pay for most services without a referral.

Cost sharing
There are two kinds of cost sharing:

Co-Pays: You might be charged a co-pay if you use the emergency room or an ambulance when you don't have an emergency.

Premiums: If your child is placed in the Basic Plan, you might need to pay $0, $10, or $15 a month for each child. The amount depends on your income. You'll receive information in the mail if you need to make premium payments. If you fail to keep your children's premiums current, it might cause them to lose their coverage.

Medicaid or Medicare, What's the Difference?

People sometimes confuse Medicaid and Medicare. They are not the same.

MediCAID

Medicaid is a state program you might qualify for if your income is low and you match one of these descriptions:

- You're pregnant.
- You're a child or a teenager.
- You're an adult with an eligible child.
- You have a disability.
- You're age 65 or older.
- You're blind.
- You need nursing home care.
- You need long-term care services at home or in the community.

If you or someone in your family needs health care, you should apply for Medicaid even if you aren't sure you qualify. Some income and resources aren't counted when determining your eligibility. For example, owning your home might not stop you from getting Medicaid.

MediCARE

Medicare is a federal program that provides health coverage if you match one of these descriptions:

- You're age 65 or older.
- You're any age and have kidney failure or a long-term kidney disease.
- You have a total permanent disability.

Some people qualify for both Medicaid and Medicare. If you qualify for both, you'll receive all the medical services covered by Medicaid even if Medicare doesn't cover the services. If you're eligible for Medicare, you must have it or apply for it to receive Medicaid.

Some people who don't qualify for standard Medicaid are eligible for Qualified Medicare Beneficiary programs where Medicaid helps pay for Medicare costs including:

- Monthly Medicare premiums.
- Co-insurance.
- Deductibles.

For information on Medicare prescription drug coverage, log onto: www.medicare.gov.

For more information about Medicare, call: (800) 772-1213.

Which Plan Is Right for Me?

It's always a good idea to ask your doctor or pharmacist if your health plan covers the service or item you need.
There are some limits to these services, and some might require you or your doctor to get prior authorization from the Medicaid Division first. *See page 24 for more information about prior authorizations.*

Some services are only covered in the Enhanced Plan. If you're in the Basic Plan and your health changes, you might need to get an assessment to see if you should change to the Enhanced Plan and get additional services. Contact your local Health and Welfare office *(see pages 32 – 34)*.

The Basic Plan

The Basic Plan includes the following prevention benefits to help you stay healthy:

Annual physical – adults

- Limited to once every 12 months.

- Screening mammograms for women over age 40.

Well-child checks

- Head-to-toe physical and developmental check-up. The number of well-child checks that a child needs each year depends on the child's age. All check-ups recommended by the American Academy of Pediatrics are covered.

- Preventive dental visits. Participants in the Basic Plan receive dental benefits through the Idaho Smiles dental plan.

Help your child stay healthy

Make sure your children get well-child checks

It's just as important to take your children for well-child checks as it is to take them to the doctor when they're sick.

Idaho health plans cover most medically necessary services that your doctor orders for a condition found during a well-child check, even if the service is beyond what's normally covered.

You'll receive letters to remind you to schedule well-child checks.

For more information, call the Idaho CareLine and ask for Early and Periodic Screening Diagnosis and Treatment (EPSDT) for babies, children, and youth up to age 21. Wellness services for children through Idaho health plans are always free of charge.

Immunizations
- Provided in a doctor's office, a free clinic, or through your local District Health Department.

Lead Screening
- Testing in a doctor's office.
  - *Lead poisoning doesn't have any signs or symptoms.*
  - *Lead poisoning can lower a child's IQ and learning capacity.*

Your child should be tested at age 12 months and again at age 24 months. All children under the age of 6 should be tested, if they haven't previously been tested.

For information on Immunizations, Lead Screening, or to ask for a copy of Get the Lead Out HW-0243, call the Idaho CareLine (2-1-1).

The Basic Plan also covers the following services:

Chiropractic Services
- Limited to 24 visits during a calendar year.
  - *Doesn't pay for x-rays taken by a chiropractor.*

Counseling Services
See Mental Health Services on page 8.

Dental Services
- Preventive dental care, fillings, and dentures.

Doctor and Nurse Office Visits
- Exams or treatments by a doctor, physician assistant, or nurse practitioner.

- Surgical and other treatment services performed by a doctor.

Hearing Services
- Exam and testing once a year when ordered by a doctor.
  - *One hearing aid, for each adult, in a lifetime.*
  - *Children can get additional hearing aids with prior authorization.*
  - *Batteries, follow-up testing, and repairs from normal use.*
  - *Doesn't pay for lost, misplaced, stolen, or destroyed hearing aids.*

Home Health Services
- Ordered by a doctor.
  - *Limited to 100 visits during a calendar year, including all visits such as skilled nursing, aide visits, occupational therapy, and physical therapy.*

Hospital Services

- Inpatient Services.
  - *Semi-private room, prescription drugs, lab tests, and other services when you're in the hospital.*
  - *Lab, x-ray, and other tests ordered by your doctor.*
  - *Physical therapy and other services ordered by your doctor.*

- Your doctor might need to get prior authorization for some hospital services from Medicaid's Quality Improvement Organization (QIO). To call, dial: (800) 783-9207.

- Outpatient Services.

It's best to call your doctor and not use the emergency room for routine medical care.

Interpretation Services

- Might pay to help you communicate with your doctor, if English isn't your primary language.

Medical Equipment and Supplies

- Prescribed by a doctor.
- Artificial limbs and braces.
  - *To replace portions of the body that are weak or missing.*
- Special shoes or inserts for diabetics.
- Wheelchairs.
  - *You must have a doctor's order and an evaluation by an occupational or physical therapist to determine the most appropriate and the least costly wheelchair to meet your medical needs.*

Mental Health Services

- Inpatient psychiatric services.
  - *Limited to ten days during a calendar year.*
- Outpatient mental health clinic.
  - *Limited to 26 services during a calendar year.*
  - *Services include: psychotherapies, psychopharmacology, diagnostic, and evaluation (limited to 12 hours during a calendar year).*

Podiatry

- Care of your feet and ankles.
  - *Limited to severe conditions from your mid-calf down.*
  - *Doesn't pay for routine treatment of your corns, warts, toenails, etc.*

Pregnancy and Family Planning Related Services

- PAP test performed during family planning or at yearly physical.
- Family planning, counseling, prescription, and supplies to prevent pregnancy.
- Sterilization.
  - *You must sign legal consent forms at least 30 days in advance. You can have the surgery on the 31st day.*
  - *Doesn't pay for sterilization if the person is under the age of 21, or if the person isn't capable of giving informed consent.*

- Prenatal, delivery, and postpartum services provided by a doctor or an RN Certified Nurse Midwife.

  - *If you're eligible under the Pregnant Women and Children's Program (PWC), this plan will only pay for your pregnancy and for services related to your pregnancy up to 60 days after your pregnancy ends.*

- Doesn't pay for genetic testing or fertility services.

Prescription Drugs

- Idaho health plans cover medicines prescribed by your doctor unless they're covered by Medicare.

  - *Some types of medicines and some brand name prescription drugs require prior authorization. Your pharmacist or provider will know which medicines need prior authorization and will submit the request for you.*

- Some non-prescription items are covered if your doctor orders them:

  - *Disposable insulin syringes and needles.*
  - *Shampoo treatment for head lice.*
  - *Most iron tablets.*

Prevention Benefits – Annual Physicals and Well-Child Checks
(See page 11).

School-Based Services

- The school might test your child and might determine that your child is eligible for services under an Individualized Educational Plan (IEP) or Individualized Family Services Plan (IFSP).

- With your permission, your child's school can bill Medicaid or CHIP for the services.

- School-based services won't count against the limitations of the other services your child might be getting.

- Ask your child's school if they bill Medicaid or CHIP.

- Give your child's ID number and the name of your child's doctor to the school.

- Tell the school if your child is working with other therapists or doctors.

Substance Abuse Detoxification and Rehabilitation

- Inpatient services in a hospital and outpatient counseling in a mental health clinic or hospital.

- Doesn't pay for inpatient treatment in a residential treatment facility.

Occupational Therapy

- Covered when provided by hospitals and schools.

  - *Limited to 30 hours a week.*

Physical Therapy

- Your doctor must explain why you need the services and include the reason in your treatment plan.

- *Limited to 25 visits a year. If you need more, you must get prior authorization (see page 24).*

Speech and Hearing Therapy

- Only covered as an outpatient hospital service or in schools.
  - *Limited to 250 sessions a year.*

Transportation (Non-Emergency)

If you have a medical appointment but you don't have a car, can't operate a car, or don't have a friend or family member who can take you, you can request transportation.

- The Medicaid Division's Transportation Unit will review your request and decide if Medicaid will pay for your transportation. Medicaid might review your request based on the least expensive transportation available and the closest available Medicaid provider or service.

- You need to call at least 24 hours before your appointment.

Call the Medicaid Transportation Unit toll free outside the Boise area at: (800) 296-0509 or in the Boise area at: (208) 334-4990.

Vision Services

- You can get an eye exam once every year.

- Glasses – The doctor who does the exam might not be the provider who supplies your glasses. Be sure to ask if your doctor orders glasses from the Medicaid Division's supplier.
  - *Children can get frames and lenses when needed.*
  - *Adults are limited to frames every four years and lenses when they meet certain requirements.*
  - *Doesn't pay for both contacts and glasses.*
  - *Doesn't pay for transition or progressive lenses for any age, or tints unless medically necessary.*
  - *Doesn't pay for lost or broken glasses for adults.*

- Contacts – You must have prior authorization and only if you're very nearsighted (myopia) or have another medical condition that prevents you from using glasses.

Other Covered Services

- Supplemental nutritional service when medically necessary and ordered by your doctor.

- Diabetes training.
  - *Limited to 12 individual hours or 24 group hours every five years.*

Premium Payment in the Basic Plan

- *When your child is in the Basic Plan, you're charged 0, $10, or $15 a month for each child's benefits. The amount depends on your income.*
- *Call Family Medicaid for more information about premium payments (see page 32 for the Family Medicaid contact information).*

What is Preventive Health Assistance?

Preventive Health Assistance (PHA) is a new benefit. It has two categories designed to help you and your family live a healthy lifestyle.

Behavioral PHA – *Weight Management or Tobacco Cessation.* To qualify for this benefit, you must complete a Health Questionnaire and return it to the Department of Health and Welfare to show your interest in improving your health. The questionnaire must indicate that you or your child over the age of five:

- Have a Body Mass Index (BMI) in the obese or underweight range and want to improve your health through weight management.
- Want to quit using tobacco.

You earn points by signing up to participate in monitored weight management or tobacco cessation activities.

When you participate in Behavioral PHA, you can use the points you earn to help pay for weight management or tobacco cessation programs or supports. You can't receive both Weight Management and Tobacco Cessation PHA benefits at the same time.

Wellness PHA – If you pay a monthly premium ($10 or $15) for your child's coverage, you can earn points for keeping your child's well-child checks and immunizations current. Wellness points will automatically be used to pay your monthly premiums.

After you earn Behavioral PHA points, you can trade them in (one point = $1) for vouchers that can be used at businesses and organizations that accept PHA vouchers and provide the above listed services and products.

Wellness PHA points can't be exchanged for vouchers. These points can only be used to pay your monthly premium.

For more information about PHA, please visit our website at: www.medicaid.idaho.gov and click on the Preventive Health Assistance (PHA) link, ***or call us toll-free at:*** (877) 364-1843.

The Enhanced Plan

If you're in this plan, you can get all of the services of the Basic Plan, plus the following services:

Case Management Services (Service Coordination)
See the Service Coordination section on page 13.

Developmental Disability Services
To apply for services, contact your local Regional Program office. *You can find the phone numbers and addresses on page 36.* These services include:

- Developmental therapy, physical therapy, speech therapy, occupational therapy, psychotherapy, and intensive behavioral interventions. *See limits listed under Therapy (page 14) and Substance Abuse Detoxification and Rehabilitation (page 9).*

- Service coordination (Case Manager).

  See Service Coordination section on page 13.

Options for Workers with Disabilities (Medicaid Buy-In)
This program allows individuals with disabilities to work and still keep or access health coverage. These workers will have cost sharing responsibilities if their income exceeds 133 percent of the Federal Poverty Guidelines. *Contact your local Health and Welfare office, listed on pages 32 – 34,* for more information.

Home and Community-Based Services (HCBS)
- Supportive services needed to live at home, in a Residential Assisted Living Facility (RALF), or Certified Family Home (CFH), instead of living in an institution such as a nursing home or an Intermediate Care Facility (for Developmentally Disabled)/Mentally Retarded (ICF/MR).

- You must be 18 years old or older to be eligible for Home and Community Based Services.

Hospice Care
- In-home care for the terminally ill with six months or less to live.

Mental Health Clinic
- Partial care services.

  - Limited to 36 hours a week.

- Psychotherapy services.

  - Limited to 45 hours during a calendar year.

Mental Health Psychosocial Rehabilitation Services
- For limits call your Mental Health Authority. *You can find phone numbers on page 31.*

Nursing Homes

- Covered if your doctor says you need to be in a nursing home and the Medicaid Division finds that you need nursing home level of care.

Personal Care Services (PCS)

- Services provided in your home.
  - *Might help with basic care, grooming, medications, light house keeping, cooking, grocery shopping, and transportation.*
  - *Limited to 16 hours a week.*
  - *If your medical condition requires more than 16 hours a week, you might be eligible for one of the Home and Community Based Waivers. For details, call your local Regional Program office* *(see page 36).*

Service Coordination

If you qualify for service coordination, you'll have a service coordinator to help you gain access and coordinate your necessary care and services.

You can only have one kind of service coordination. If you qualify for more than one kind, you must choose the kind you want. The kinds of service coordination are:

- Developmental Disability.
  - *Adults age 18 years old or older.*
  - *Requires prior authorization.*
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).
  - *Children up to age 21.*
  - *Must have a developmental delay, a serious emotional disorder, or other medical condition that requires the child to be seen by many service providers.*
  - *Requires prior authorization.*
- Mental Health.
  - *Adults age 18 years old or older with a diagnosis of severe and persistent mental illness.*
  - *Limited to five hours a month.*
  - *Up to three hours a month of documented emergency crisis.*
  - *Additional crisis hours with prior authorization.*
- Personal Care Services.
  - *Adults and children who get personal care services.*

Therapy
You must have all therapy services ordered by your doctor or a licensed prescriber.

- Developmental Therapy – Provided by developmental disability agencies.
  - *Limited to 30 hours a week for one service or a combination of developmental therapy, psychotherapy, supportive counseling, speech, and hearing.*
  - *Occupational therapy, physical therapy, or Intensive Behavioral Intervention (IBI) is limited to 30 hours a week.*
  - *No limit for children's services provided in a public school program.*

Women's Health Check
Some women might qualify for free breast and cervical health screening. You must be diagnosed with cancer by a Women's Health Check provider to have your cancer treatment paid for. You might qualify if you're:

- Low income.
- Don't have insurance coverage for mammograms or Pap tests.
- Age 50 to 64.
- Age 30 to 49 and haven't had a Pap test in five years or longer, have never had a Pap test, or have symptoms for cervical cancer.
- Referred by a doctor for symptoms suspicious for breast cancer.

Call the Idaho CareLine (2-1-1) to connect with a Women's Health Check provider to see if you qualify.

The Medicare-Medicaid Coordinated Plan

If you participate in this optional plan, you can get most of your medical services from the Medicare Advantage Plan.

If you're eligible for both Medicare Part A and Part B (full dual-eligibles), you can choose to sign up for this plan if it's offered in your county. This benefit plan, called the Medicare-Medicaid Coordinated Plan, provides coordinated benefits and expanded coverage in the areas of vision, hearing, and dental services. Most people that are currently eligible in the Enhanced Plan can choose this new plan.

Services covered under the Medicare-Medicaid Coordinated Plan are shown in the table below. Medicare Advantage providers will bill the Medicare Advantage Plan directly for these services. Medicaid providers will bill Medicaid directly for Medicaid covered services shown on the table below.

Medicare-Medicaid Coordinated Plan Services

Benefit	Medicare Advantage Plan	Medicaid
Hospital Services	X	
Outpatient Services	X	
Emergency Hospital Services	X	
Ambulatory Surgical Center Services	X	
Physician Medical Services	X	
Physician Surgical Services	X	
Certified Pediatric or Family Nurse Practitioner Services	X	
Physician Assistant Services	X	
Chiropractor Services	X	
Podiatrist Services	X	
Optometrist Services	X	
Certified Nurse-Midwife Services	X	
Primary Care Case Management	X	
Service Coordination: for people with mental illness, for people receiving Personal Care Services, and for people with developmental disabilities		X
Adult Physicals	X	
Screening Mammography Services	X	
Prevention & Health Assistance Benefits (includes health/wellness education and intervention services such as disease management, tobacco cessation programs, or weight management)	X	

Benefit	Medicare Advantage Plan	Medicaid
Laboratory and Radiological Services	X	
Prescribed Drugs under Medicare Part D	X	
Prescribed Drugs not covered by Medicare Part D	X	
Family Planning Services	X	
Inpatient Psychiatric Services	X	
Outpatient Mental Health Services	X	
Psychosocial Rehabilitative Services		X
Home Health Care	X	
Therapy Services	X	
Speech, Hearing, and Language Services	X	
Medical Equipment and Supplies	X	
Specialized Medical Equipment and Supplies	X	
Prosthetic Devices	X	
Vision Services	X	
Dental, Medical, and Surgical Services	X	
Dentures	X	
Rural Health Clinics	X	
Federally Qualified Health Center Services	X	
Indian Health Services	X	
Medical Transportation	X	
Nursing Facility Services (100 days or less)	X	
Nursing Facility Services		X
Personal Care Services		X
Other Home & Community Based Services		X
Hospice Care	X	
Intermediate Care Facility Services (for Developmentally Disabled)/Mentally Retarded (ICF/MR)		X
Developmental Disability Agency Services		X

Premium Assistance

Premium assistance helps you buy private health insurance. There are two premium assistance programs: Access to Health Insurance for adults, and the Access Card for children.

Access to Health Insurance
Access to Health Insurance helps you pay for employer-sponsored health insurance. It pays up to $100 each month for qualifying employees and their spouses. To participate:

- You must work for a small business with 2 to 50 employees.
- Your employer must agree to sign up for the program.

The Access Card
If your children are eligible, you can choose to enroll them in the Access Card Program instead of the Basic Plan. The Children's Access Card program helps you pay for private insurance for your children. You can buy employer-sponsored insurance or buy an individual plan. The Access Card pays up to $100 for each child, each month (monthly maximum of $300 per family). You pay the co-payments and deductibles for the health plan you choose.

If your child loses private insurance paid for by the Access Card, your child can switch to the Basic Plan.

For more information, call the Idaho CareLine or Family Medicaid.

What is Healthy Connections?

Healthy Connections
Understanding how Idaho health plans work will help you in using your benefits. Most services are provided under a managed care system called Healthy Connections. Healthy Connections will help you find a primary doctor who'll help you manage your health needs. Enrollment in Healthy Connections is required for most participants.

What happens when you enroll in Healthy Connections?

- If you already have a Primary Care doctor, you can continue to go to that doctor.
- If you don't have a doctor, you'll choose a Healthy Connections doctor.
- There's a list of Healthy Connections doctors available at: *www.healthyconnections.idaho.gov*
- If you don't choose one, A Healthy Connections representative will match you and your family with a participating doctor in your area.
- You can choose to have a different doctor for each family member.
- Your Healthy Connections doctor will provide all of your primary health care needs, refer you to a specialist when necessary, or to the hospital if needed.
- You can change your doctor by calling your local Healthy Connections office by the twentieth of the month. The change will be effective the first of the next month.

Call Healthy Connections

- If you need help choosing a doctor.
- If you want to change doctors.
- If you're moving to a new area you must call when you move, otherwise you might not be able to use your card in the new area. Healthy Connections will help you find a new doctor and change your doctor so you will not need a referral.

- Always call your local Health and Welfare office to report address changes *(see pages 32 – 34 for phone numbers)*.

You'll find the phone numbers for your local Healthy Connections office on page 35.

You'll get a letter in the mail confirming enrollment with your doctor. Please read it carefully and call your local Healthy Connections office if you have questions.

What is Healthy Connections?
Continued

When you enroll in Healthy Connections:

- Talk with your doctor before going to another doctor or getting other medical services.
- You should call your doctor anytime you need medical advice, even after hours or on holidays.
- Your doctor will need to make a referral for you to get other health care services.
- You must have a referral before you go to a doctor who isn't your Healthy Connections doctor or you might be responsible for paying the bill.
- If this is a new doctor for you or your family, it's very important to contact the doctor's office and make an appointment to establish care.

You might not be able to get a referral for other health care services if you have't seen your Healthy Connections doctor. It's your responsibility to call your Healthy Connections doctor to find out if you need to be seen before a referral can be made. Most services won't be paid without a referral.

- You don't need a referral from your doctor for:
  - *Dental care.*
  - *Emergency room (if you go to an Urgent Care Facility, you need a referral from your Healthy Connections doctor).*
  - *Chiropractic care.*
  - *Family planning at District Health or other agencies.*
  - *Flu shots.*
  - *Hearing test or screening.*
  - *Immunizations.*
  - *Indian Health Clinic.*
  - *Personal care services.*
  - *Pharmacy.*
  - *Podiatry (foot care) in podiatrist's office.*
  - *School-based services.*
  - *Screening mammograms.*
  - *Tests for sexually transmitted diseases.*
  - *Transportation.*
  - *Vision care (including eye glasses).*

Be a good patient!

- Call in advance for an appointment. You might not get an appointment the same day you call.
- When you make an appointment or seek care from any health care provider who bills Medicaid or CHIP, tell them you're enrolled in Healthy Connections.
- Show your ID card and any other insurance card at every appointment.
- When scheduling an appointment, tell the receptionist how many family members need to be seen and the reason so enough time can be scheduled for each appointment.
- Be on time to your appointments.
- Follow your treatment plan.
- If possible, avoid bringing your children to an appointment unless the appointment is for them.
- Call if you need to cancel your appointment, at least 24 hours in advance when possible. If your doctor has a policy to charge for a missed appointment, the doctor might charge you. Missed appointments aren't covered and won't be paid by your health plan.

Healthy Connections grievance procedure

Call your local Healthy Connections office to talk about issues with Healthy Connections. If the Healthy Connections contact can't fix the issue, you have the right to file a written grievance with them. We'll review your problem again and you'll get an answer in writing.

If you're still not satisfied, you have the right to file for a hearing. You can ask for a hearing by writing directly to the address on your grievance response letter.

Your Identification Card

The first time you're found eligible for health coverage, you'll receive a permanent plastic identification (ID) card.

Your card will come in the mail. It's important that you call your local Health and Welfare office if you don't receive your card within 14 days after you get the letter telling you that you're eligible.

If you lose or break your card, call your local Health and Welfare office *(see pages 32 – 34 for phone numbers)*.

Remember, your ID card is permanent. Don't throw it away, keep it!

- If you lose benefits and then get benefits again, you'll use the same card.
- Keep your card in your purse or wallet so that you'll have it with you to show to your doctor, dentist, or pharmacy.
- Always show your ID card and ask before you get medical services if the provider will accept your ID card as payment. Ask even when your doctor refers you to a specialist. Not all doctors accept Idaho health plan coverage.

  State payment for services is payment in full, regardless of the billed amount.

Important – Report name changes to your local Health and Welfare office because your card might not work at providers' offices if you're going by a different name than what appears on your ID card.

When to Use the Emergency Room (ER)

You should call your doctor for advice if you or your child get sick or injured. You should also call your Healthy Connections doctor, even if it's after hours, for medical advice. If you believe the situation is an emergency and you need help right away, go to the ER.

If you choose to go to an Urgent Care Facility, a referral from your Healthy Connection provider is required. Please note that an Urgent Care Facility isn't the same as an ER.

The American College of Emergency Physicians and The American Academy of Pediatrics have each listed warning signs to help you decide if you should go to the ER. Those two lists are compiled here:

- Difficulty breathing or shortness of breath.
- Skin or lips that look blue, purple, or gray.
- Chest or upper abdominal pain or pressure.
- Neck stiffness or a rash with fever.
- Fainting.
- Sudden dizziness.
- Weakness or change in vision.
- Rhythmic jerking and/or loss of consciousness (a seizure).
- Confusion or change in mental status, acting strangely, or becoming more withdrawn and less alert.
- Unconsciousness or no response. Any loss of consciousness, confusion, headache, or vomiting after a head injury.
- Sudden severe pain or increasing, severe, persistent pain.
- Bleeding that won't stop after applying pressure for five minutes.
- A cut that's large, deep, or involves the head, chest, or abdomen.
- A burn that's large and/or involves the hands, feet, groin, chest, or face.
- Vomiting or diarrhea that's severe or won't stop.
- Coughing up or vomiting blood.
- Suicidal or homicidal feelings.
- Poisoning.
  - ***Call your poison control center at:*** *1-800-222-1222 at once if your child has swallowed a suspected poison or another person's medication, even if your child has no signs or symptoms.*

Call your pediatrician if you think your child is ill. Call: 9-1-1 (or your local emergency number) for help if you're concerned that your child's life might be in danger or that your child is seriously ill or injured.

When to Use the Emergency Room (ER)
Continued

In addition, every parent should be prepared. Part of that preparation includes learning CPR and basic first aid. For classes near you, contact your pediatrician, the American Red Cross, or the American Heart Association.

Co-Payments for using emergency services
You might have to make a co-payment for using emergency services when you don't have an emergency medical condition. It's important to only use emergency services, like the hospital emergency room and ambulance services, when they're really needed. You can help keep Medicaid costs down by using appropriate services and working with your Healthy Connections doctor.

What is Prior Authorization?

Prior authorization means you or your provider must get approval from the Medicaid Division before you get a service, or you might have to pay the bill.

Often times your doctor, healthcare provider, or pharmacist will request prior authorization for you. You might have to request prior authorization for yourself or your family for other services like transportation.

You or your provider will need to get prior authorization for the following list of services:

- Transportation for non-emergency medical.
- Service coordination (Case Management).
- Medical equipment and supplies.
- Home and Community-Based Waiver Services.
- Certain inpatient and outpatient hospitalizations or medical procedures.
- Certain vision services.
- Certain dental services.
- Personal care services.
- Psychosocial rehabilitation.
- Private duty nursing.
- Physical therapy – for more than 25 visits a year.
- Certain medicines and most brand name drugs when generics are available.
- Intensive Behavioral Intervention (IBI).
- Developmental Disability Agency services.

There might be other services not listed that need prior authorization. Your doctor or health care provider usually knows when you need prior authorization, but ***if you have questions call:***
(888) 239-8463 for help in English o
(800) 862-2147 para asistencia en Español.

If a service requires prior authorization, you must get it from the Medicaid Division before getting the service.

Important Information

Your Rights

When you're eligible for Idaho's health plan coverage, you have certain guaranteed rights.

You have the right to fair treatment
You have the right to all covered benefits without regard to race, color, national origin, disability, sex, or age.

If you believe that anyone in Health and Welfare has discriminated against you because of your race, color, national origin, disability, sex, or age, ***you can file a complaint by contacting:***

Civil Rights Manager
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5617 (voice) or
(208) 334-4921 (TDD)

You can also file a complaint by contacting:

U.S. Department of Health and Human Services (HHS)
Director, Office for Civil Rights
Room 506-F, 200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0403 (voice) or
(202) 619-3257 (TDD)

HHS is an equal opportunity provider and employer.

You have the right to timely and accurate notice
Written notifications must be mailed to you before your eligibility is ended.

You have the right to make decisions about your health care
Your provider must discuss your options with you before you start medical treatment.

You should let your family and your doctor know your wishes before you become too ill to make a decision about your medical treatment. ***For a Living Will and a Durable Power of Attorney for Health Care, go to:***
www.healthandwelfare.idaho.gov. Click on the Medical tab, then Certified Family Homes. Look at Section 3, Advanced Directives.

You have the right to file an appeal

This is very important! For eligibility appeals, the Department of Health and Welfare must receive your appeal in writing within 30 days from the date the notice was mailed.

For appeals of denied services, the Department of Health and Welfare must receive your appeal in writing within 28 days. If the Department receives your appeal after 28 days, you lose the right to appeal.

If you disagree with a decision regarding your eligibility coverage, or if you feel that your medical needs haven't been properly met, you can file an appeal. To request an appeal, fill out the form on the eligibility notice letter.

If the Department of Health and Welfare receives your appeal within the 28 days, they'll review the decision. This review might include a hearing. If a hearing is scheduled, you'll get a letter telling you the location and time of your hearing. During the hearing, you can have anyone you want present to represent you. You don't need an attorney but you can hire an attorney at your own expense if you want one.

Fraud, Abuse, and Misuse

Everyone in your family who's eligible for health benefits will get their own card with their name listed on the card. It's against the law for anyone else to use the card.

If you knowingly break rules, you can lose your coverage. You can also be prosecuted and you might have to pay for the benefits you received but weren't entitled to.

If you think someone who's getting assistance from the state is abusing the programs or you think a provider is improperly billing for services they haven't provided, you should report this to Medicaid.

To report participant fraud, call: (208) 334-2020 or call the toll-free ***Medicaid Fraud and Abuse Hotline at:*** (866) 635-7515.

To report provider fraud, download the complaint form at:
www.healthandwelfare.idaho.gov. On the right side of the screen click Reporting Fraud and Abuse. ***Fill out the form and mail it to:***

Medicaid Fraud & Program Integrity Unit
Bureau of Audits & Investigations
P.O. Box 83720
Boise, Idaho 83720-0036, or
FAX it to: (208) 334-2026.

Estate Recovery

When you get Medicaid benefits and are over 55, you can't give your property away to others.

After you and your spouse pass away, your money and property will be used to repay Medicaid.

Under certain conditions, your children can request a Hardship Waiver.

For more information, call the Medicaid Recovery Office at: (866) 849-3843, or Call the Idaho CareLine (2-1-1) and ask for a copy of Property Liens and Estate Recovery #HW-0474.

Other Medical Insurance

If you have Medicare, Blue Cross, Blue Shield, or any other medical insurance, you must tell your Health and Welfare worker. Your other insurance must pay before Medicaid will pay.

If your primary insurance ends or changes, call Health Management Systems (HMS) at:
(208) 375-1132, option 0, or toll free at: (800) 873-5875. HMS has no control over your benefits.
For information about benefits, call the Electronic Data System (EDS) Medicaid Participant Line at:
(888) 239-8463.

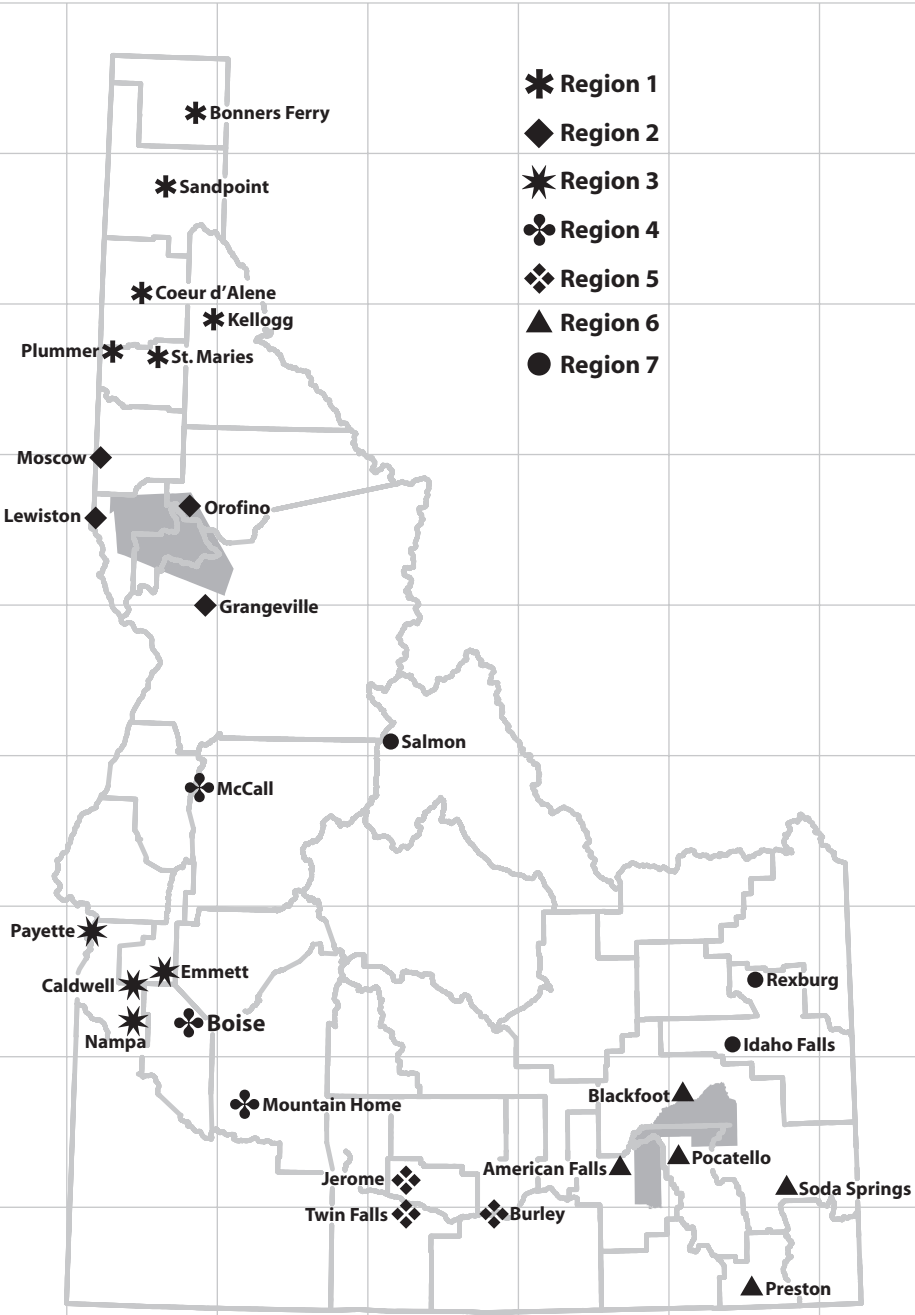
If Medicaid pays a bill and you get money from your other insurance, you must give the money to Medicaid. You're responsible for helping Medicaid collect money from another insurance plan or a responsible person such as a non-custodial parent. The provider of the services will need to re-bill and/or do an adjustment.

For instructions on how to pay Medicaid, call the Financial Recovery Unit at:
(208) 287-1150 or the Department's third party recovery contractor – ***Health Management Systems (HMS) in the Boise area at:***
(208) 375-1132 or toll free at: (800) 873-5875.

Health Insurance Premium Payment Program (HIPP)
If you have Medicaid and have other health insurance available, such as employer sponsored group coverage, ask your Health and Welfare worker about HIPP. If you or your children qualify, the Department of Health and Welfare might pay the premiums, deductibles, and co-pays for your other insurance.

For more information, call the Idaho CareLine (2-1-1) and ask for publication #HW-0905 Health Insurance Premium Payment.

Regional Contact Information



Child and Adult Mental Health Authorities

Authorizes Psychosocial Rehabilitation Services.

Region 1 — Coeur d' Alene
1120 Ironwood Court, Suite 100
Coeur d' Alene, Idaho 83814

(208) 769-1515, ext. 327

Region 2 — Lewiston
1118 F Street
Lewiston, ID 83501

(208) 799-4364

Region 3 and 4 — Boise, Caldwell, Nampa
1720 Westgate Dr., Suite D
Boise, ID 83704

(208) 334-0782

Region 5 — Twin Falls
823 Harrison St.
Twin Falls, Idaho 83301

(208) 732-1600

Region 6 — Pocatello
421 Memorial Drive
Pocatello, Idaho 83201

(208) 234-7914

Region 7 — Idaho Falls
150 Shoup Ave.
Idaho Falls, Idaho 83402

(208) 785-5871

Local Health and Welfare Offices

Local offices accept applications for Medicaid and other programs, determine Medicaid eligibility, and process appeals.

Family Medicaid
150 Shoup Ave., Suite 5
Idaho Falls, 83402

(866) 326-2485
FAX (208) 528-5980

Long Term Care
1118 F. Street P.O. Drawer B
Lewiston Idaho, 83501

(866) 255-1190
FAX 208-799-5048

Region 1

Coeur d' Alene
1120 Ironwood Dr. Suite 201, 83814

(208) 769-1456
FAX (208) 666-6789

Bonners Ferry
Rt.4, 6522 Tamarack, 83805

(208) 267-3187
FAX (208) 267-3251

Kellogg
35 Wildcat Way, 83837

(208) 784-1351
FAX (208) 784-1356

Plummer
Benewah Med. Ctr., 1115 B St., 83851

(208) 686-3201
FAX (208) 686-1146

Sandpoint
1717 West Ontario, 83864

(208) 265-4529
FAX (208)263-4198

St. Maries
222 S. 7th, 83861

(208) 245-2541
FAX (208) 245-7131

Local Health and Welfare Offices
Continued

Region 2

Lewiston
1118 F St., 83501
(208) 799-4320
FAX (208) 799-5121

Grangeville
216 South C, 83530
(208) 983-0620
FAX (208) 983-2440

Moscow
1350 Troy Highway, 83843
(208) 882-2433
FAX (208) 882-8575

Orofino
416 Johnson Ave., 83544
(208) 476-5771
FAX (208) 476-3636

Region 3

Caldwell
3402 Franklin Rd., 83605
(208) 455-7200
FAX (208) 454-7607

Emmett
1024 Fernlee, 83617
(208) 365-3515
FAX (208) 365-7466

Nampa
823 Park Center Blvd., 83651
(208) 465-8444
FAX (208) 442-2810

Payette
511 N. 16th, 83661
(208) 642-6400
FAX (208) 642-9746

Region 4

Boise
1720 Westgate Dr., Suite A, 83704
(208) 344-6700
FAX (208) 334-6912

McCall
299 S 3rd St., 83638
(208) 634-2229
FAX (208) 364-3510

Mountain Home
2420 American Legion Blvd., 83647
(208) 587-9061
FAX (208) 587-5024

Region 5

Twin Falls
601 Poleline Rd., Suite 5, 83301
(208) 736-2110
FAX (208) 736-2176

Burley
2241 Overland Ave., 83318
(208) 678-1121
FAX (208) 678-1263

Jerome
126 N. Adams, 83338
(208) 324-8144
FAX (208) 324-4918

Region 6

Pocatello
1090 Hiline Road, 83201
(208) 235-2900
FAX (208) 236-6100

American Falls
502 Tyhee St., 83211
(208) 226-5186
FAX (208) 226-5835

Blackfoot
701 East Alice, 83221
(208) 785-5826
FAX (208) 785-1003

Preston
223 North State, 83263
(208) 852-0634
FAX (208) 852-2136

Soda Springs
184 South Main, 83276
(208) 547-4317
FAX (208) 547-4810

Region 7

Idaho Falls
150 Shoup Ave., 83402
(208) 528-5800
FAX (208) 528-5837

Rexburg
333 Walker, 83440
(208) 359-4750
FAX (208) 356-5461

Salmon
1301 Main, 83467
(208) 756-3336
FAX (208) 756-3805

Local Healthy Connections Offices

Local offices help you find a primary doctor who'll help you manage your health needs, request changes in doctors, move to a new area, and report grievances with Healthy Connections.

Region 1 – Coeur d'Alene
Benewah, Bonner, Boundary, Kootenai, and Shoshone counties
1120 Ironwood Dr., Coeur d' Alene, ID 83814

(208) 666-6766 or
(800) 299-6766
FAX (208) 769-1473

Region 2 – Lewiston & Moscow
Clearwater, Idaho, Latah, Lewis, and Nez Perce counties
1118 F St., Lewiston, ID 83501

(208) 799-5088 or
(800) 799-5088
FAX (208) 799-5167

Region 3 – Caldwell, Nampa, & Payette
Adams, Canyon, Gem, Owyhee, Payette, and Washington counties
3402 Franklin Rd., Caldwell, ID 83605-9901, or
511 N. 16th St., Payette, ID 83661

(208) 455-7244 or
(800) 494-4133
FAX (208) 454-7625
(208) 642-7006
FAX (208) 642-6401

Region 4 – Boise
Ada, Boise, Elmore, and Valley counties
1720 Westgate, Suite A, Boise, ID 83704

(208) 334-4676 or
(800) 354-2574
FAX (208) 334-0953

Region 5 – Twin Falls & Burley
Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties
601 Poleline Rd., Suite 3, Twin Falls, ID 83301

(208) 736-4793 or
(800) 897-4929
FAX (208) 736-2116

Region 6 – Pocatello
Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties
1090 Hiline Rd., Suite 211, Pocatello, ID 83201

(208) 235-2927 or
(800) 284-7857
FAX (208) 235-2820

Region 7 – Idaho Falls
Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties
150 Shoup St., Suite 20, Idaho Falls, ID 83402

(208) 528-5786 or
(800) 919-9945
FAX (208) 528-5756

Healthy Connections Spanish Line (Statewide)

(800) 378-3385

Call the numbers listed above for their specific area.

Regional Program Offices

Local offices assist with developmental disability service applications and with home and community based waivers.

Region 1 – Coeur d' Alene
1120 Ironwood Dr.
Coeur d' Alene, Idaho 83814

(208) 769-1567

Region 2 – Lewiston
1118 F Street
Lewiston, Idaho 83501

(208) 799-4430

Region 3 – Caldwell
3402 Franklin Rd.
Caldwell, Idaho 83605

(208) 455-7150

Region 4 – Boise
1720 Westgate Dr.
Boise, Idaho 83704

(208) 334-0940

Region 5 – Twin Falls
601 Poleline Rd.
Twin Falls, Idaho 83301

(208) 736-3024

Region 6 – Pocatello
1070 Hiline Road
Pocatello, Idaho 83201

(208) 239-6260

Region 7 – Idaho Falls
150 Shoup Ave.
Idaho Falls, Idaho 83402

(208) 528-5750

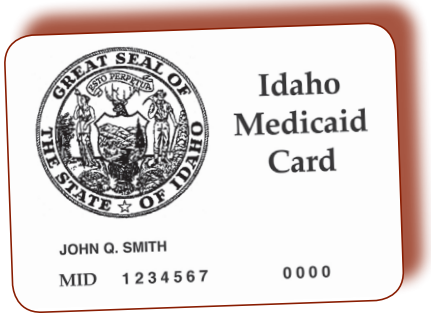
IDAHO DEPARTMENT OF
HEALTH & WELFARE

P.O. Box 83720
Boise, Idaho 83720-0036

Place
Postage
Here

Idaho Health Plan Coverage

Your Benefits Guide to Medicaid, CHIP, and Premium Assistance



To:

HW-0608R2 October 2007
Costs associated with this publication are available from the Idaho Department of Health and Welfare.